Substitute for Form PTO-875 APPLICATION AS FILED - PART I								A	Application or Docket Number			
AP AP	PLICATION A	S FILED .	- PART I					-4	\mathcal{O}	1-1	7	<u>582</u>
	(Colun	nn 1)	(Column) (^						Tues	
FOR	NUMBER	Euro			5	MALL	NTITY	()R	SM	IALI	R THAN ENTITY
BASIC FEE (37 CFR 1.16(a), (b), or (c))	1	VILLED	NUMBER EXT	RA	RATI	= (4)	555.40	7	Γ			CHILL
I SEARCH FEE						-70/	FEE (\$	4	L	RATE	(\$)_	FEE
(37 CFR 1.16(k), (t), or (m))	1				 			_				
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))					1	ĺ		7	r			
TOTAL CLAIMS				7					\perp			
(37 CFR 1.16(i))	1	alaaa			 			1				
INDEPENDENT CLAIMS (37 CFR 1.16(h))	 "	ninus 20 =	•	_	×	- [7	-			
(0, CFR 1.16(h))	n	ninus 3 =	•					-↓ or	₹ Lx		=	
APPLICATION SIZE	If the specific	alion and o	frawings exceed	100	×	=		1	l x			
rtt	is \$250 (\$42)	er, the app	lrawings exceed lication size fee (100	1			1	F			
(37 CFR 1 16(s))	additional 50	Shoots - 1	initity) for each	- 1	I	- 1		1	-			_
	35 U.S.C. 410	al(1)(G) an	action thereof. S	66	l	- 1		1	1			
MULTIPLE DEPENDENT C	'I AIM DOSSE	CA-AOJ an	0 3/ CFR 1.16(s					1	1			
2.00(1)	CAIM PRESENT	(37 CFR 1 16	(1))			_		1	 			
* If the difference in column	1 is less than to	0 4 11 11						l	1			
	200 111811 2011	o. emer .0. m	column 2		TOTAL			1	<u> </u>			
APPLICAT	ION AS AMEI	NUEU P	ADT		· OTAL	<u>_</u>		l		TOTAL	- 1	
		,000 - P	WK1 II								-	
	umn 1)	(Coto	ımıı 2) (Column									
4 9/22/27 REM	AIMS	HIGH		3)	SMAL	L ENT	ITY	OR		OTHE	R TH	IAN
	AINING TER	I NUM	RER ppccc.	,, [\top				SMALL	EN'	TITY
AMEN	DMENT	PREVIO PAID I	JUSLY I EXTRA	11	RATE (\$)		NDDI-		RA	ATE (\$)	Γ	
I I I I I												ADDI-
Total .	Minus	; T :: (=		L			ONAL			· (1	TIONAL
Total (3) CFR (16(4)) Independent	14	12	7 =	#	वेट	FE	E (S)					TIONAL FEE (\$)
Total (37 CFR 1 16(H) Independent (37 CFR 1 16(H))	Minus	12		#	às:	FE	E (\$)	OR	x (5:0-		TIONAL FEE (\$)
(3) CFR (16(I)) Independent (3) CFR (16(II))	Minus	12	7 = _	コト	às:	FE	EE (\$)	-	X (TIONAL FEE (\$)
	Minus CFR 1 16(s))	a y	7 =	コト		FE	ONAL EE (\$)	OR OR	×			TIONAL FEE (\$)
	Minus CFR 1 16(s))	a y	7 =	コト		FE	ONAL EE (\$)	-	×	<u>20</u> -		TIONAL FEE (\$)
Total (1) CFR 1 16(1) Independent (1) CFR 1 16(1) Application Size Fee (37 FIRST PRESENTATION OF	Minus CFR 1 16(s))	a y	7 =		100 :	FE	EE (S)	-	×	<u>20</u> -		TIONAL FEE (\$)
FIRST PRESENTATION OF	Minus CFR 1 16(s)) MULTIPLE DEPEND	a y	7 =	×	IOU :	F	EE (S)	OR OR	× Q	50-		TIONAL FEE (\$)
FIRST PRESENTATION OF	Minus CFR 1 16(s)) MULTIPLE DEPEND	DENT CLAIM	(37 CFR 1 16(J))	×	100 :	FE	EE (S)	OR OR	x Q	50-		TIONAL FEE (\$)
FIRST PRESENTATION OF (Column CLAIM	MINUS CFR 1 16(s)) MULTIPLE DEPEND	DENI CLAIL	(37 CFR) 16(j))	×	IOU :	FE	EE (S)	OR OR	× Q	50-		TIONAL FEE (\$)
(Column CLAIM REMAIN AFTE	Minus CFR 1 16(s)) MULTIPLE DEPEND AS ING R	COlumn HIGHES	(37 CFR 1 16(J)) (2) (Column 3) T PRESENT	T C AC	DTAL DD'L FEE	FE	EE (S)	OR OR	x Q	50-		TIONAL FEE (\$)
(Column CLAIM REMAIN AFTEL AMENDM	Minus CFR 1 16(s)) MULTIPLE DEPEND AS ING R	COlumn HIGHES NUMBER PREVIOUS	(37 CFR 1 16y)) (2) (Column 3) T PRESENT EXTRA	T C AC	IOU :	ADD	EE (\$)	OR OR	X X X X X X X X X X X X X X X X X X X	50 - 00 - FEE		FEE (S)
(Column CLAIM REMAIN AFTEL AMENDM	Minus CFR 1 16(s)) MULTIPLE DEPEND AS ING R	COlumn HIGHES	(37 CFR 1 16y)) (2) (Column 3) T PRESENT EXTRA	T C AC	DTAL DD'L FEE	ADO	DI.	OR OR	x Q	50 - 00 - FEE	AI	DDI
(Column CLAIM REMAIN AFTE AMENDM TOLS:	MINUS MINUS MULTIPLE DEPEND MS ING IENT Minus	(Column HIGHES NUMBER PREVIOUS PAID FOR	(37 CFR 1 16y)) (2) (Column 3) T PRESENT EXTRA	T C AC	DTAL DD'L FEE	ADD	DI.	OR OR	X X X X X X X X X X X X X X X X X X X	50 - 00 - FEE	AI	FEE (S)
(Column CLAIM REMAIN AFTEL AMENOM TOLE 13 CER 1 16(1) Independent (3) CER 1 16(1)	MINUS CFR 1 16(s)) MULTIPLE OEPENC 1 1) AS ING R IENT Minus	COlumn HIGHES NUMBER PREVIOUS	(37 CFR 1 16y)) (2) (Column 3) T PRESENT EXTRA	T C AC	DTAL DD'L FEE	ADO	DI.	OR OR	X X X X X X X X X X X X X X X X X X X	50 - 00 - FEE	AI	DDI:
(Column CLAIM REMAIN AFTEL AMENDM CTCR 116(1) Independent (CTCR 116(1)) Independent (CTCR 116(1)) Application Size Fee (37 CF	MINUS CFR 1 16(s)) MULTIPLE DEPEND AS INING RENT MINUS R 1 16(s))	(Column HIGHES NUMBER PREVIOUS PAID FOR	(37 CFR 1 16()) (2) (Column 3) TR PRESENT EXTRA	T C AC	DTAL DD'L FEE	ADO	DI. (\$)	OR OR	X X X X X X X X X X X X X X X X X X X	FEE (S)	AI	DDI:
(Column CLAIM REMAIN AFTEL AMENDM CTCR 116(1) Independent (CTCR 116(1)) Independent (CTCR 116(1)) Application Size Fee (37 CF	MINUS CFR 1 16(s)) MULTIPLE DEPEND AS INING RENT MINUS R 1 16(s))	(Column HIGHES NUMBER PREVIOUS PAID FOR	(37 CFR 1 16()) (2) (Column 3) TR PRESENT EXTRA	TC AC	DTAL DD'L FEE	ADO	DI. (S)	OR OR	X X X X X X X X X X X X X X X X X X X	FEE (S)	AI	DDI:
(Column CLAIM REMAIN AFTEL AMENDM CTCR 116(1) Independent (CTCR 116(1)) Independent (CTCR 116(1)) Application Size Fee (37 CF	MINUS CFR 1 16(s)) MULTIPLE DEPEND AS INING RENT MINUS R 1 16(s))	(Column HIGHES NUMBER PREVIOUS PAID FOR	(37 CFR 1 16()) (2) (Column 3) TR PRESENT EXTRA	TC AC	DTAL DD'L FEE	ADO	DI. (\$)	OR OR	X X X X X X X X X X X X X X X X X X X	FEE (\$)	AI	DDI:
(Column CLAIM REMAIN AFTEL AMENOM TOLE 13 CER 1 16(1) Independent (3) CER 1 16(1)	MINUS CFR 1 16(s)) MULTIPLE DEPEND AS INING RENT MINUS R 1 16(s))	(Column HIGHES NUMBER PREVIOUS PAID FOR	(37 CFR 1 16()) (2) (Column 3) TR PRESENT EXTRA	TC AC	DTAL DO'L FEE	ADO	DI. (\$)	OR OR	X X X X X X X X X X X X X X X X X X X	FEE (\$)	AI	DDI:
(Column CLAIM REMAIN AFTEL AMENDM CTCR 116(1) Independent (CTCR 116(1)) Independent (CTCR 116(1)) Application Size Fee (37 CF	MINUS CFR 1 16(s)) MULTIPLE DEPEND AS ISING RENT Minus Minus R 1 16(s)) LTIPLE DEPENDEN	COlumni HIGHES NUMBER PREVIOUS PAID FOR	(37 CFR 1 16(J)) (2) (Column 3) T PRESENT EXTRA =	TC AC	DTAL DO'L FEE	ADO	DI. (\$)	OR OR	X X X X X X X X X X X X X X X X X X X	FEE (\$)	AI	DDI:

If the entry in column 1 is less than the entry in column 2, wide 10 in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 120. The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 13. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. USPTO to process) an application. Confidentially is governed by 35 U SC. 122 and 37 CFR 1.14. This collection is required to obtain or retain a benefit by the public which is to file (and by the anount of time) you require to complete this form and or suggestions for reducing this hirden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS.